

Full File Report

Plan Identification: [Redacted]

File Submission Date:

6/30/98

Field			Inpatient	Medical	Vision	Drug	Dental
2. Plan_Identifier	A code indicating the MCO or specific health plan within an MCO which is submitting the data. (Medicaid Provider ID) <i>Standard = 100% valid</i>	Present: Valid:	100.00% 100.00%	100.00% 100.00%	100.00% 100.00%	100.00% 100.00%	100.00% 100.00%
1. Claim_Category	A code indicating the category of the claim. Valid values are: I = Inpatient facility services M = Medical services, including outpatient services V = Vision services R = Prescription drug services D = Dental services <i>Standard = 100% valid</i>	Present: Valid:	100.00% 100.00%	100.00% 100.00%	100.00% 100.00%	100.00% 100.00%	100.00% 100.00%
4. Claim_ID	A unique number assigned by the administrator to this claim (e.g., TCN, DCN). <i>Standard = 100% present</i>	Present:	100.00%	100.00%	100.00%	100.00%	100.00%
6. Recipient_Medicaid_ID	The unique Medicaid identification number assigned to the individual. <i>Standard = 100% valid</i>	Present: Valid:	100.00% 100.00%	100.00% 100.00%	100.00% 100.00%	100.00% 100.00%	100.00% 100.00%
41. Servicing_Provider_ID	The Medicaid provider number or TIN of the provider performing the <i>Standard = 95% valid</i>	Present: Valid:	100.00% 3.41%	99.49% 17.26%	100.00% 6.36%	100.00% 95.05%	100.00% 99.97%
60. Record_Type	A code indicating the type of record: O = Original V = Void or back out R = Replacement A = Partial adjustment (positive/debit) B = Partial adjustment <i>Standard = 100% valid</i>	Present: Valid: \$ 3 0 on "O" \$ £ 0 on "V"	100.00% 100.00% 100.00% 100.00%	100.00% 100.00% 100.00% 100.00%	100.00% 100.00% 100.00% 100.00%	100.00% 100.00% 99.92% 99.97%	100.00% 100.00% 100.00% 100.00%